

PO Box 224, Brownwood, Texas 76804-0224 • 5750 County Road 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 (Fax)

**If the annuity contract owner is a resident of a state that is different than the state of the original application, the annuity contract owner must complete a full application.**

Annuitant's Full Name: \_\_\_\_\_

Owner's Full Name (If different): \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_ Owner's SS or Tax ID Number: \_\_\_\_\_

### 1. New Policy Information:

Issuing Company (please check one): ☐ Liberty Bankers Life Insurance Company ☐ The Capitol Life Insurance Company

**Plan (please check one):**

|  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> Bankers 3         | <input type="checkbox"/> Bankers 5 Premier Plus | <input type="checkbox"/> Bankers Elite 3 | <input type="checkbox"/> Bankers Elite 9 | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Bankers 5         | <input type="checkbox"/> Bankers 7              | <input type="checkbox"/> Bankers Elite 5 | <input type="checkbox"/> Liberty Choice  | <input type="checkbox"/> Other - specify _____ |
| <input type="checkbox"/> Bankers 5 Premier | <input type="checkbox"/> Bankers 7 Premier      | <input type="checkbox"/> Bankers Elite 7 | <input type="checkbox"/> Liberty Select  |  |

### 2. Please transfer the surrender value of the above policy as designated below:

| For Non-Qualified Plans : Complete This Section   | For Qualified Plans : Complete This Section   |
|---|---|
| <p>Please Exchange my existing account and process as requested:*</p> <p><input type="checkbox"/> All, or <input type="checkbox"/> Partial \$ _____</p> <p><input type="checkbox"/> Immediately, or <input type="checkbox"/> Upon the maturity date of: _____</p> <p><input type="checkbox"/> Withdrawal Prior to Exchange \$ _____</p> <p><input type="checkbox"/> Continue existing periodic withdrawals</p>  | <p>Please Exchange my existing account and process as requested:*</p> <p><input type="checkbox"/> All, or <input type="checkbox"/> Partial \$ _____</p> <p><input type="checkbox"/> Immediately, or <input type="checkbox"/> Upon the maturity date of: _____</p> <p><b>Required Minimum Distribution (RMD) Information:</b></p> <p>A. Will you reach age 70½ or older in this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Have you satisfied your RMD for this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Do you want your RMD before completing this exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Do you want to continue your existing RMD or interest withdrawals schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: If you request an RMD after the exchange is complete, the distribution in excess of any penalty free distributions will be subject to the charges described in the contract.</p> |
| <p>*The amount indicated above is to be applied to a new policy issued by the Company on the plan indicated above. I request that the annuitant and owner on the new policy be identical to those on the above policy. I understand that the new annuity will be issued with a current issue date and will contain all of the provisions outlined in the product disclosure. I further understand that, if the new annuity contains a market value adjustment (as explained in the product disclosures), withdrawals from the new policy may be subject to a market value adjustment in addition to any applicable surrender charges.</p> |   |

### 3. Beneficiary Designation:

☐ Keep the same beneficiary designation as on the existing policy.

☐ Change the beneficiary on the new policy to: \_\_\_\_\_

### 4. My existing annuity contract is:

☐ Enclosed

☐ Lost or Destroyed. I hereby certify that the above referenced contract has been lost or destroyed. If the entire surrender value is to be applied to a new policy, I understand that the original contract becomes null and void, and that I and my heirs have no further claim against the company with respect to this contract.

I represent that my contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. I further understand and agree that the Company and the undersigned agent have made no representations concerning the tax treatment of this election. The Company assumes no responsibility for any adverse income tax consequences caused by this election.

### 5. Special remarks: \_\_\_\_\_

### 6. Certification and Signatures: Under penalty of perjury, I certify that the tax ID or social security number furnished above is true and correct.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Joint Owner Signature (if any) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_